


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90099 037 ***150.00

DOCUMENT # P06000076389

1. Entity Name
 ITATHENA ENTERPRISES, INC.



Principal Place of Business
 1425 ORANOLE RD
 MAITLAND, FL 32751 US

Mailing Address
 1425 ORANOLE RD
 MAITLAND, FL 32751 US

2. Principal Place of Business - No P.O. Box #
 3635 Aloma Ave

3. Mailing Address
 Suite, Apt. #, etc.


City & State

Zip Country

6. Name and Address of Current Registered Agent

EFSTATHIOU, CHRISTINA
 1425 ORANOLE RD
 MAITLAND, FL 32751

40113514



04112007 Chg-P CR2E034 (12/06)

4. FEI Number
 20-815-2404

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	EFSTATHIOU, CHRISTINA	
STREET ADDRESS	1425 ORANOLE RD	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EFSTATHIOU, GEORGE	
STREET ADDRESS	1425 ORANOLE RD	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	SEC.	<input checked="" type="checkbox"/> Delete
NAME	BURAGINA, FRANCO A	
STREET ADDRESS	1425 ORANOLE RD	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christina EFSTATHIOU ^{President}
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/28/07 Daytime Phone #: 407-716 1010